

REQUEST TO INSPECT PUBLIC RECORDS

In accordance with RCW 42.56 the undersigned requests access to inspect and/or-copies of specific records or portions thereof listed below.

Name of Requestor: _____

Phone: _____

E-mail: _____

Street Address: _____

City, State, Zip _____

Date: _____

Signature: _____

☐

I request to inspect the record(s).

☐

I request copies of the record(s). I agree to pay the fee of .15 cents per page and the actual cost of postage and an envelope, if any. The district may require a deposit not to exceed 10 percent of the estimated cost and may charge per installment.

☐

I request electronic records (via email) when available or in a format reasonably translatable.

In listing public record(s) you wish to view, receive and/or copy, please specify each item by title, form and/or search terms (for electronic files). Search terms may include the name of a school, staff person, title or program. This information is necessary to facilitate location and identification of requested documents.

Record:
Record:
Record:

For Official District Use Only

REQUEST RECEIVED: (date stamp)

Records Inspection

Approved

Approved in part

Denied

Records Copied

Approved

Approved in part

Denied

Total Charge:

Paid:

--

APPROVAL

For official central office use only:

For official student records use only:

Public Records Officer signature

Records Custodian signature

School Location: _____

If request has been approved in part or denied, see letter of explanation of reasons for limitations on inspection, and copying and statement of reasons for partial approval or denial.